

**Fill in this information to identify the case:**

Debtor name Alliance Laundry & Textile Service, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31755-5

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2019

**X** /s/ John Giardino

Signature of individual signing on behalf of debtor

John Giardino

Printed name

Chief Executive Officer

Position or relationship to debtor

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Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 9,044,711.88

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 9,044,711.88

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 21,925,384.50

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 170,277.24

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,967,677.39

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 26,063,339.13

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## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Security Deposit for lease with Willingham 1631, LLC (EastPoint location) \$40,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Prepayment for sales tax (EastPoint location) paid to Georgia Department of Revenue \$5,480.09

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$45,480.09

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor Alliance Laundry & Textile Service, LLC Case number (If known) 18-31755-5  
Name

11a. 90 days old or less: 1,511,452.90 - 45,343.59 = .... \$1,466,109.31  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 1,894,548.13 - 999,586.72 = .... \$894,961.41  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,361,070.72

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Linens in service (Spartanburg location)		\$0.00		\$743,411.95
Linens in service (Tri-State location)		\$0.00		\$590,655.66
Linens in service (EastPoint location)		\$0.00		\$760,626.45

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,094,694.06

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☒ Yes. Book value 0.00 Valuation method Current Value 87,215.32

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

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- ☐ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> Miscellaneous desks, chairs and other related office furniture	\$0.00		\$1,000.00
40.	<b>Office fixtures</b> Miscellaneous fixtures, HVAC system, boilers and related fixtures	\$0.00		\$5,000.00
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> Miscellaneous office equipment, computer, printers, time clocks, employee lockers, telephone system and related equipment	\$0.00		\$1,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$7,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

Debtor Alliance Laundry & Textile Service, LLC Case number (If known) 18-31755-5  
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	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> Miscellaneous machinery, fixtures and equipment used in the Debtor's business operations consisting of ironers, washers, folders, compressors, dryers and other related equipment	\$4,536,467.01	Book value	\$4,536,467.01

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$4,536,467.01

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	Lease of real property located at 355 Old Greenville Road, Spartanburg, South Carolina	Debtor is lessee	\$0.00		\$0.00
55.2.	Lease of real property located at 1631 Willingham Drive, East Point, Georgia	Debtor is lessee	\$0.00		\$0.00

Debtor Alliance Laundry & Textile Service, LLC Case number (If known) 18-31755-5  
Name

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b> <u>www.claruslinens.com</u>	\$0.00		\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

- ☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Alliance Laundry & Textile Service, LLC Case number (If known) 18-31755-5  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	\$0.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$45,480.09	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$2,361,070.72	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$2,094,694.06	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$7,000.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$4,536,467.01	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column	\$9,044,711.88	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		\$9,044,711.88



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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<p>HSBC Bank USA, National Association</p> <p>Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b> October 29, 2013</p> <p><b>Last 4 digits of account number</b> 6392</p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p><b>Describe the lien</b> Revolving Line of Credit</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$12,000,000.00	Unknown
2.2	<p>HSBC Bank USA, National Association</p> <p>Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b> October 29, 2013</p> <p><b>Last 4 digits of account number</b></p>	<p><b>Describe debtor's property that is subject to a lien</b> All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p><b>Describe the lien</b> Revolving Line of Credit</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	\$2,500,000.00	Unknown

Debtor Alliance Laundry & Textile Service, LLC Case number (if know) 18-31755-5

Name

6376

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 HSBC Bank USA, National Association

Creditor's Name

452 Fifth Avenue  
New York, NY 10018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number

6200

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$5,076,734.21

Unknown

Describe the lien

Revolving Line of Credit

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 HSBC Bank USA, National Association

Creditor's Name

452 Fifth Avenue  
New York, NY 10018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number

6400

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$920,625.00

Unknown

Describe the lien

Term Debt B

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 HSBC Bank USA, National Association

Describe debtor's property that is subject to a lien

\$1,428,025.29

Unknown

Debtor Alliance Laundry & Textile Service, LLC Case number (if known) 18-31755-5

Name

Creditor's Name

452 Fifth Avenue  
New York, NY 10018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number  
6418Do multiple creditors have an  
interest in the same property?☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.All assets, including, but not limited to,  
receivables, equipment, general intangibles,  
inventory, leasehold interests and other related  
personal and real property

Describe the lien

Equipment Line of Credit

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6 IPA One

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

September 25, 2012

Last 4 digits of account number

Do multiple creditors have an  
interest in the same property?☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

ScrubEx 128 Dispensers, ScrubEx 128 Remote  
Receivers, Packers, Video Equipment and  
web-based management software

Unknown

Unknown

Describe the lien

Lease/Security Interest

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7 IPA One

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

February 27, 2014

Last 4 digits of account number

Describe debtor's property that is subject to a lien

ScrubEx LV Dispenser/Receiver Unit, Packer,  
and Video

Unknown

Unknown

Describe the lien

Lease/Security Interest

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor Alliance Laundry & Textile Service, LLC Case number (if know) 18-31755-5

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 IPA One

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

July 23, 2014

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

ScrubEx 128 Remote Receiver with Packer and Video; ScrubEx LV Dispenser; ScrubEX SV48 Dispenser/Receiver and Video

Unknown

Unknown

**Describe the lien**

Lease/Security Interest

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 IPA One

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

January 9, 2015

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

ScrubEx LV Dispenser and ScrubEx LV Remote Receiver, Packer, Video, Factory Re-Certified

Unknown

Unknown

**Describe the lien**

Lease/Security Interest

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
0 IPA One

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

ScrubEx MV Dispenser/Receiver Unit, Packer, Video; ScrubEx LV Dispenser; ScrubEx LV Remote Receiver, Packer, Video

Unknown

Unknown

**Describe the lien**

Lease/Security Interest

Debtor Alliance Laundry & Textile Service, LLC  
Name

Case number (if know) 18-31755-5

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

January 9, 2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
1

MB Financial Bank, N.A.

Creditor's Name

16111 North River Road  
Rosemont, IL 60018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

July 23, 2014

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ScrubEx 128 Remote Receiver with Packer and Video; ScrubEx LV Dispenser; Scrub EX SV48 Dispenser/Receiver and Video

Unknown

Unknown

Describe the lien

Lease/Security Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
2

Med One Capital Funding, LLC

Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

September 25, 2012

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

ScrubEx 128 Dispensers, ScrubEx 128 Remote Receivers, Packers, Video Equipment and web-based management software

Unknown

Unknown

Describe the lien

Lease/Security Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor Alliance Laundry & Textile Service, LLC Case number (if know) 18-31755-5

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.1 3	Med One Capital Funding, LLC	Describe debtor's property that is subject to a lien	Unknown	Unknown
	Creditor's Name	ScrubEx MV Dispenser/Receiver Unit, Packer, and Video		
	10712 South 1300 East Sandy, UT 84094			
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred February 27, 2014			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?	Describe the lien		
	<input checked="" type="checkbox"/> No	Lease/Security Interest		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.1 4	Med One Capital Funding, LLC	Describe debtor's property that is subject to a lien	Unknown	Unknown
	Creditor's Name	ScrubEx 128 Remote Receiver with Packer and Video; ScrubEx LV Dispenser; Scrub EX SV48 Dispenser/Receiver and Video		
	10712 South 1300 East Sandy, UT 84094			
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred July 23, 2014			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?	Describe the lien		
	<input checked="" type="checkbox"/> No	Lease/Security Interest		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.1 5	Med One Capital Funding, LLC	Describe debtor's property that is subject to a lien	Unknown	Unknown
	Creditor's Name	ScrubEx LV Dispenser and ScrubEx LV Remote Receiver, Packer, Video, Factory Re-Certified		
	10712 South 1300 East Sandy, UT 84094			
	Creditor's mailing address			
		Describe the lien		
		Lease/Security Interest		

Debtor Alliance Laundry & Textile Service, LLC Case number (if known) 18-31755-5

Name

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred**

January 9, 2015

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 Med One Capital Funding, LLC

6 Creditor's Name

10712 South 1300 East  
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

January 9, 2015

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

ScrubEx MV Dispenser/Receiver Unit, Packer, Video; ScrubEx LV Dispenser; ScrubEx LV Remote Receiver, Packer, Video

Unknown

Unknown

**Describe the lien**

Lease/Security Interest

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 Optum Bank, Inc.

7 Creditor's Name

2525 Lake Park Boulevard  
Salt Lake City, UT 84120

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

February 27, 2018

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

ScrubEx MV Dispenser/Receiver Unit, Packer, and Video

Unknown

Unknown

**Describe the lien**

Lease/Security Interest

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor Alliance Laundry & Textile Service, LLC Case number (if known) 18-31755-5  
Name

2.1 8	<b>Optumhealth Bank, Inc.</b> Creditor's Name  2525 Lake Park Boulevard Salt Lake City, UT 84120 Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> September 25, 2012 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> ScrubEx 128 Dispensers, ScrubEx 128 Remote Receivers, Packers, Video Equipment and web-based management software <b>Describe the lien</b> Lease/Security Interest <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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2.1 9	<b>Prime Alliance Bank</b> Creditor's Name  1868 South 500 West Woods Cross, UT 84087 Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> September 25, 2012 <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> ScrubEx 128 Dispensers, ScrubEx 128 Remote Receivers, Packers, Video Equipment and web-based management software <b>Describe the lien</b> Lease/Security Interest <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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2.2 0	<b>Prime Alliance Bank</b> Creditor's Name  1868 South 500 West Woods Cross, UT 84087 Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>	<b>Describe debtor's property that is subject to a lien</b> ScrubEx MV Dispenser/Receiver Unit, Packer, and Video <b>Describe the lien</b> Lease/Security Interest <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No	Unknown	Unknown
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Debtor Alliance Laundry & Textile Service, LLC Case number (if know) 18-31755-5  
Name

February 27, 2014

Last 4 digits of account number

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$21,925,384.  
50

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
HSBC Bank USA, National Association c/o Hahn & Hessen LLP 488 Madison Avenue New York, NY 10022	Line <u>2.1</u>	
IPA One c/o CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.6</u>	
Med One Capital Funding, LLC c/o CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.12</u>	
Optumhealth Bank, Inc. c/o CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.18</u>	
Prime Alliance Bank c/o CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.19</u>	
Prime Alliance Bank c/o CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	Line <u>2.20</u>	

**Fill in this information to identify the case:**

Debtor name Alliance Laundry & Textile Service, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31755-5

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>City of Anderson Business License Office 601 South Main Street Anderson, SC 29624</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>7798</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Rents and property tax (Spartanburg location)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$5,907.44	Unknown
2.2	<p>Priority creditor's name and mailing address</p> <p>City of East Point 1526 East Forrest Avenue, Suite 400 East Point, GA 30344</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>4789</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Rent and Property Tax (East Point location)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$13,470.86	Unknown

Debtor	Alliance Laundry & Textile Service, LLC <small>Name</small>	Case number (if known)	18-31755-5
2.3	Priority creditor's name and mailing address City of Spartanburg 1450 W. Broad Street Spartanburg, SC 29304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,768.39    Unknown
	Date or dates debt was incurred  Last 4 digits of account number <u>2753</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Rent and property tax (Spartanburg location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Floyd County Tax Commissioner 4 Government Plaza, Suite 109 Floyd County Historic Courthouse Rome, GA 30161	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00    \$0.00
	Date or dates debt was incurred  Last 4 digits of account number <u>Alliance</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice only (East Point location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Fulton County Tax Commissioner 141 Pryor Street SW Atlanta, GA 30303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$55,669.61    Unknown
	Date or dates debt was incurred  Last 4 digits of account number <u>4789</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Rent and property tax (East Point location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Georgia Department of Revenue Bankruptcy Section 1800 Century Blvd., NE, Ste 9100 Atlanta, GA 30345-3208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00    \$0.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice only (Austell and Eastpoint locations)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Alliance Laundry & Textile Service, LLC <small>Name</small>	Case number (if known)	18-31755-5
2.7	Priority creditor's name and mailing address <b>Georgia Department of Revenue</b> <b>Attn: Payroll Tax</b> <b>148 Andrew Young International Blvd.</b> <b>Atlanta, GA 30303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span>\$0.00</span> <span>\$0.00</span> </div>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Centralized Insolvency Operation</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span>\$0.00</span> <span>\$0.00</span> </div>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address <b>S.C. Department of Revenue and Taxation</b> <b>P.O. Box 12265</b> <b>Columbia, SC 29211-9979</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span>\$0.00</span> <span>\$0.00</span> </div>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address <b>Spartanburg County Treasurer</b> <b>366 North Church Street, #300</b> <b>Spartanburg, SC 29303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="display: flex; justify-content: space-between;"> <span>\$80,460.94</span> <span>Unknown</span> </div>
	Date or dates debt was incurred  Last 4 digits of account number <u>3703</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Real property taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Alliance Laundry & Textile Service, LLC <small>Name</small>	Case number (if known)	18-31755-5
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2.11	Priority creditor's name and mailing address U.S. Securities and Exchange Commission Office of Reorganization 950 East Paces Ferry Road, NE, Suite 900 Atlanta, GA 30326-1382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice only  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> A-1 Products Inc. P.O. Box 8347 Birmingham, AL 35118  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.2	<b>Nonpriority creditor's name and mailing address</b> A-1 Products, Inc. 1235 E. Kennestone Circle Marietta, GA 30066  Date(s) debt was incurred _____ Last 4 digits of account number <u>3271</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.91	
3.3	<b>Nonpriority creditor's name and mailing address</b> ACA Enterprises 870 North Woodland Avenue Clyde, OH 43410  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,857.44	
3.4	<b>Nonpriority creditor's name and mailing address</b> ACA Enterprises 870 North Woodland Avenue Clyde, OH 43410  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,881.73	
3.5	<b>Nonpriority creditor's name and mailing address</b> ACA Enterprises 870 North Woodland Avenue Clyde, OH 43410  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,371.29	

Debtor	Alliance Laundry & Textile Service, LLC <small>Name</small>	Case number (if known)	18-31755-5
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3.6	<b>Nonpriority creditor's name and mailing address</b> AFLAC Worlwide Headquarters 1932 Wynnton Road Columbus, GA 31999  Date(s) debt was incurred _____ Last 4 digits of account number <u>X977</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.7	<b>Nonpriority creditor's name and mailing address</b> Airgas USA, LLC 630 Buffington Road Piedmont, SC 29673  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.8	<b>Nonpriority creditor's name and mailing address</b> Alarm Systems, Inc. P.O. Box 2732 Rome, GA 30164-2732  Date(s) debt was incurred _____ Last 4 digits of account number <u>1130</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility Maintenance (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$860.00
<hr/>			
3.9	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. P.O. Box 142039 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number <u>ASPA</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253,843.21
<hr/>			
3.10	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. P.O. Box 142039 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149,722.05
<hr/>			
3.11	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. 116 Bethea Road, Ste 424 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number <u>AALB</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,578.74
<hr/>			
3.12	<b>Nonpriority creditor's name and mailing address</b> Amtech Industrial Supply, LLC 745 Trabert Avenue NW Atlanta, GA 30318  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,566.32

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3.13	<b>Nonpriority creditor's name and mailing address</b> Applied Industrial Technologies 337 S. Erwin Street Cartersville, GA 30120-3913  Date(s) debt was incurred _____ Last 4 digits of account number <u>8908</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,002.12
3.14	<b>Nonpriority creditor's name and mailing address</b> Atlanta Sprinkler Inspection P.O. Box 929 Dacula, GA 30019-0929  Date(s) debt was incurred _____ Last 4 digits of account number <u>4507</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$335.00
3.15	<b>Nonpriority creditor's name and mailing address</b> Atlas Copco Compressors LLC 92 Interstate Drive West Springfield, MA 01089  Date(s) debt was incurred _____ Last 4 digits of account number <u>1653</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,897.37
3.16	<b>Nonpriority creditor's name and mailing address</b> Banks Boiler Service, Inc. P.O. Box 50608 Albany, GA 31703-0608  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	<b>Nonpriority creditor's name and mailing address</b> Bearing Distributors, Inc. P.O. Box 887 Columbia, SC 29202  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.18	<b>Nonpriority creditor's name and mailing address</b> Bearings and Drives, Inc. P.O. Box 116733 Atlanta, GA 30368-6733  Date(s) debt was incurred _____ Last 4 digits of account number <u>3913</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	<b>Nonpriority creditor's name and mailing address</b> Boiler Supply Company P.O. Box 40225 Nashville, TN 37204-0225  Date(s) debt was incurred _____ Last 4 digits of account number <u>1680</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,733.76

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3.20	<b>Nonpriority creditor's name and mailing address</b> Boyce Lee Blackwood III 230 Humphries Road Cowpens, SC 29330 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.00
3.21	<b>Nonpriority creditor's name and mailing address</b> C. J. Compton Plumbing & Heating, Inc. 7606 Prince Street Spartanburg, SC 29303 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	<b>Nonpriority creditor's name and mailing address</b> Caduceus Occupational 535 N. Central Ave. Atlanta, GA 30350 Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	<b>Nonpriority creditor's name and mailing address</b> Camp Industries, Inc. P.O. Box 833 38 Superior Drive Rome, GA 30161 Date(s) debt was incurred _____ Last 4 digits of account number <u>ALLIANCE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	<b>Nonpriority creditor's name and mailing address</b> Canon Financial Services, Inc. 14904 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>7001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT related (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,432.00
3.25	<b>Nonpriority creditor's name and mailing address</b> Captain Vending Services 471 N. Sessions Street NW Marietta, GA 30060 Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office supplies (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,267.64
3.26	<b>Nonpriority creditor's name and mailing address</b> Carolina Occupational Healthcare, LLC 1715 Blanding Street Columbia, SC 29201 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Austell location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.00



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3.27	<b>Nonpriority creditor's name and mailing address</b> Carolina Technical Services, Inc. P.O. Box 268 China Grove, NC 28023  Date(s) debt was incurred _____ Last 4 digits of account number <u>7102</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$720.00
3.28	<b>Nonpriority creditor's name and mailing address</b> Carson's Nut-Bolt & Tool Co., Inc. P.O. Box 3629 Greenville, SC 29608-3629  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	<b>Nonpriority creditor's name and mailing address</b> CC Boiler Sales & Service, Inc. P.O. Box 561745 Charlotte, NC 28256  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,652.04
3.30	<b>Nonpriority creditor's name and mailing address</b> Charter Communications P.O. Box 742614 Cincinnati, OH 45274-2614  Date(s) debt was incurred _____ Last 4 digits of account number <u>8803</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.94
3.31	<b>Nonpriority creditor's name and mailing address</b> Chase Professionals Tyler Staffing Services, Inc. P.O. Box 534501 Atlanta, GA 30353-4501  Date(s) debt was incurred _____ Last 4 digits of account number <u>2404</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Temp labor (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,750.39
3.32	<b>Nonpriority creditor's name and mailing address</b> Chem-Aqua P.O. Box 152170 Irving, TX 75015  Date(s) debt was incurred _____ Last 4 digits of account number <u>9964</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Chemicals (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,966.30
3.33	<b>Nonpriority creditor's name and mailing address</b> Chem-Aqua 23261 Network Place Chicago, IL 60673-1232  Date(s) debt was incurred _____ Last 4 digits of account number <u>9675</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Chemicals (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,528.93

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3.34	<b>Nonpriority creditor's name and mailing address</b> Chief Fire Protection Company 689 Whitehall Street, SW Atlanta, GA 30310  Date(s) debt was incurred ____ Last 4 digits of account number <u>ALLIANCE LTS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.20
<hr/>			
3.35	<b>Nonpriority creditor's name and mailing address</b> Cintas - EP 1705 Corporate Drive, Suite 440 Norcross, GA 30093  Date(s) debt was incurred ____ Last 4 digits of account number <u>8527</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.16
<hr/>			
3.36	<b>Nonpriority creditor's name and mailing address</b> Cintas Corporation P.O. Box 630803 Cincinnati, OH 45263-0803  Date(s) debt was incurred ____ Last 4 digits of account number <u>4843</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,589.83
<hr/>			
3.37	<b>Nonpriority creditor's name and mailing address</b> CIT 21146 Network Place Chicago, IL 60673-1211  Date(s) debt was incurred ____ Last 4 digits of account number <u>4103</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Leased equipment (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,905.06
<hr/>			
3.38	<b>Nonpriority creditor's name and mailing address</b> City Electric Supply P.O. Box 71465 North Charleston, SC 29415  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.39	<b>Nonpriority creditor's name and mailing address</b> City of Albany Attn: Finance Department P.O. Box 447, Suite 460 Albany, GA 31702-0447  Date(s) debt was incurred ____ Last 4 digits of account number <u>4166</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.40	<b>Nonpriority creditor's name and mailing address</b> City of East Point 2791 East Point Street East Point, GA 30344-3239  Date(s) debt was incurred ____ Last 4 digits of account number <u>9274</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,425.99

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3.41	<b>Nonpriority creditor's name and mailing address</b> Combustion Services, Inc. 101 Mountain Ridge Industrial Park Taylors, SC 29687 Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.42	<b>Nonpriority creditor's name and mailing address</b> Commercial Trailer Leasing, Inc. 103 Eisenhower Parkway, Suite 300 Roseland, NJ 07068 Date(s) debt was incurred _____ Last 4 digits of account number <u>1002</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,653.93	
3.43	<b>Nonpriority creditor's name and mailing address</b> Commercial Trailer Leasing, Inc. 103 Eisenhower Parkway, Suite 300 Roseland, NJ 07068 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.88	
3.44	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT related (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.00	
3.45	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT related (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00	
3.46	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT services (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,420.00	
3.47	<b>Nonpriority creditor's name and mailing address</b> Concentra Medical Centers P.O. Box 82730 Hapeville, GA 30354 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Austell location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.50	

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3.48	<b>Nonpriority creditor's name and mailing address</b> Consolidated International Corp. P.O. Box 3428 Rancho Palos Verdes, CA 90275 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.49	<b>Nonpriority creditor's name and mailing address</b> Constellation NewEnergy P.O. Box 5473 Carol Stream, IL 60197-5473 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,169.31
<hr/>			
3.50	<b>Nonpriority creditor's name and mailing address</b> Crothall Laundry Services, Inc. 901 RA Dent Boulevard Augusta, GA 30901-5112 Date(s) debt was incurred ____ Last 4 digits of account number <u>6433</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Outside processing (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,221.84
<hr/>			
3.51	<b>Nonpriority creditor's name and mailing address</b> Crowe Lawn Care LLC 6 Maplelane Street Spartanburg, SC 29301 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00
<hr/>			
3.52	<b>Nonpriority creditor's name and mailing address</b> De Lage Landen Financial Services, Inc. P.O. Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred ____ Last 4 digits of account number <u>9865</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Leased equipment (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$814.08
<hr/>			
3.53	<b>Nonpriority creditor's name and mailing address</b> De Lage Landen Financial Services, Inc. P.O. Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Leased equipment (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.66
<hr/>			
3.54	<b>Nonpriority creditor's name and mailing address</b> Directv Business Service Center P.O. Box 410347 Charlotte, NC 28241 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00

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3.55	<b>Nonpriority creditor's name and mailing address</b> Dival Safety Equipment, Inc. 1721 Niagara Street Buffalo, NY 14207 Date(s) debt was incurred _____ Last 4 digits of account number <u>6093</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$571.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Other production expenses (Spartanburg and East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	<b>Nonpriority creditor's name and mailing address</b> Diversified Plastics, Inc. 1309 Highway 917 West Latta, SC 29565 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$9,894.71</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Other production expenses (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	<b>Nonpriority creditor's name and mailing address</b> Duke Energy P.O. Box 70515 Charlotte, NC 28272-0515 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$10,730.34</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	<b>Nonpriority creditor's name and mailing address</b> Eastern Industrial Supplies, Inc. P.O. Box 75106 Charlotte, NC 28275 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	<b>Nonpriority creditor's name and mailing address</b> Ecolab Pest Elimination Division 26252 Network Place Chicago, IL 60673-1262 Date(s) debt was incurred _____ Last 4 digits of account number <u>0101</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$2,612.43</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services provided (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	<b>Nonpriority creditor's name and mailing address</b> Encompass Group, LLC Dept. 40254 P.O. Box 740209 Atlanta, GA 30374-0209 Date(s) debt was incurred _____ Last 4 digits of account number <u>5422</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$861.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	<b>Nonpriority creditor's name and mailing address</b> EPS Plumbing Services, LLC 2076 Montgomery Drive Duluth, GA 30096 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$550.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.62	<b>Nonpriority creditor's name and mailing address</b> ExperCare Attn: Billing Department P.O. Box 2233 Loves Park, IL 61131-2233  Date(s) debt was incurred _____ Last 4 digits of account number <u>2455</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Austell location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.63	<b>Nonpriority creditor's name and mailing address</b> Express Services, Inc. P.O. Box 535434 Atlanta, GA 30353-5434  Date(s) debt was incurred _____ Last 4 digits of account number <u>0427</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,123.11
3.64	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms P.O. Box 748000 Cincinnati, OH 45274-8000  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,563.92
3.65	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms P.O. Box 748000 Cincinnati, OH 45274-8000  Date(s) debt was incurred _____ Last 4 digits of account number <u>3808</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,085.74
3.66	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms P.O. Box 748000 Cincinnati, OH 45274-8000  Date(s) debt was incurred _____ Last 4 digits of account number <u>3808</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Austell location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,893.60
3.67	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms P.O. Box 636822 Cincinnati, OH 45263-6822  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,064.96
3.68	<b>Nonpriority creditor's name and mailing address</b> Fastenal Company 604A & 604B Cordell Drive College Park, GA 30349  Date(s) debt was incurred _____ Last 4 digits of account number <u>0937</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,037.84

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3.69	<b>Nonpriority creditor's name and mailing address</b> Fastenal Industrial & Construction Supp. P.O. Box 1286 Winona, MN 55987-1286  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.70	<b>Nonpriority creditor's name and mailing address</b> FedEx P.O. Box 223125 Pittsburgh, PA 15251-2125  Date(s) debt was incurred _____ Last 4 digits of account number <u>0361</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.02
3.71	<b>Nonpriority creditor's name and mailing address</b> Fedex P.O. Box 660481 Dallas, TX 75266-0481  Date(s) debt was incurred _____ Last 4 digits of account number <u>5873</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,932.23
3.72	<b>Nonpriority creditor's name and mailing address</b> Fedex P.O. Box 660481 Dallas, TX 75266-0481  Date(s) debt was incurred _____ Last 4 digits of account number <u>1424</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.73	<b>Nonpriority creditor's name and mailing address</b> Forklift Services, LLC P.O. Box 160880 Boiling Springs, SC 29316  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$749.93
3.74	<b>Nonpriority creditor's name and mailing address</b> Fowler Brothers Cleaners & Laundry 614 North Church Street Spartanburg, SC 29303  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Outside processing (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$706.20
3.75	<b>Nonpriority creditor's name and mailing address</b> G & K Services 6030 Lagrange Blvd. Atlanta, GA 30336  Date(s) debt was incurred _____ Last 4 digits of account number <u>0401</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,025.17

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3.76	<b>Nonpriority creditor's name and mailing address</b> G-Five, Inc. 297-H Garlington Road Greenville, SC 29615  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>2980</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,308.39</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	<b>Nonpriority creditor's name and mailing address</b> G. A. Braun, Inc. Department No. 309 P.O. Box 8000 Buffalo, NY 14267  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	<b>Nonpriority creditor's name and mailing address</b> GE Capital P.O. Box 105710 Atlanta, GA 30348-5710  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>8717</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$2,075.21</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	<b>Nonpriority creditor's name and mailing address</b> Grady Health System 80 Jesse Hill Jr. Drive S.E. Atlanta, GA 30303-3050  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	<b>Nonpriority creditor's name and mailing address</b> Grainger 730 Congaree Road Greenville, SC 29607-3598  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$3,347.23</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	<b>Nonpriority creditor's name and mailing address</b> Grainger 5300 Frontage Road Forest Park, GA 30297-2516  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6406</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$5,944.44</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	<b>Nonpriority creditor's name and mailing address</b> Grainger Dept. 848866406 Palatine, IL 60038-0001  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6406</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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3.83	<b>Nonpriority creditor's name and mailing address</b> Harley's Electronics, Inc. 1093 Asheville Highway Spartanburg, SC 29303  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	<b>Nonpriority creditor's name and mailing address</b> Hospital Services, Inc. 2751 The Boulevard Columbia Industrial Park Columbia, SC 29209  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Outside processing (Austell location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401,452.06
3.85	<b>Nonpriority creditor's name and mailing address</b> Humbleton Industrial 49 Duncan Circle Sunny Industrial Park Hiram, GA 30141  Date(s) debt was incurred _____ Last 4 digits of account number <u>Allian</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,655.29
3.86	<b>Nonpriority creditor's name and mailing address</b> Hygiena, LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,835.49
3.87	<b>Nonpriority creditor's name and mailing address</b> Hygiena, LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,867.74
3.88	<b>Nonpriority creditor's name and mailing address</b> Hygiena, LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,443.10
3.89	<b>Nonpriority creditor's name and mailing address</b> Illingworth Engineering Company 6855 Phillips Parkway Drive South Jacksonville, FL 32256  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.90	<b>Nonpriority creditor's name and mailing address</b> Integra Business Alternatives LLC P.O. Box 4932 Albany, GA 31706 Date(s) debt was incurred _____ Last 4 digits of account number <u>910</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Temp labor (Tri-State location); action pending</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,281.15
<hr/>			
3.91	<b>Nonpriority creditor's name and mailing address</b> Interstate Nationalease 2700 Palmyra Road Albany, GA 31707 Date(s) debt was incurred _____ Last 4 digits of account number <u>3000</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,394.50
<hr/>			
3.92	<b>Nonpriority creditor's name and mailing address</b> Jackson-Hirsch, Inc. 700 Anthony Trail Northbrook, IL 60062 Date(s) debt was incurred _____ Last 4 digits of account number <u>4537</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.06
<hr/>			
3.93	<b>Nonpriority creditor's name and mailing address</b> Jensen USA, Inc. Dept. CH 19533 Palatine, IL 60055-9533 Date(s) debt was incurred _____ Last 4 digits of account number <u>1467</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.94	<b>Nonpriority creditor's name and mailing address</b> Kaeser Compressors P.O. Box 946 Fredericksburg, VA 22404 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.95	<b>Nonpriority creditor's name and mailing address</b> Key Office Solutions 841 California Avenue Spartanburg, SC 29303 Date(s) debt was incurred _____ Last 4 digits of account number <u>324</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office supplies (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.48
<hr/>			
3.96	<b>Nonpriority creditor's name and mailing address</b> Laboratory Corp. of America Holding P.O. Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00

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3.97	<b>Nonpriority creditor's name and mailing address</b> Lavatec Laundry Technologies, Inc. P.O. Box 215 49 Lancaster Drive Beacon Falls, CT 06403 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg and Tri-State locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	<b>Nonpriority creditor's name and mailing address</b> Leaf P.O. Box 742647 Cincinnati, OH 45274-2647 Date(s) debt was incurred _____ Last 4 digits of account number <u>7003</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office Supplies (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,926.27
3.99	<b>Nonpriority creditor's name and mailing address</b> Leaf - 004 P.O. Box 742647 Cincinnati, OH 45274-2647 Date(s) debt was incurred _____ Last 4 digits of account number <u>7004</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office supplies (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,263.20
3.100	<b>Nonpriority creditor's name and mailing address</b> M & J Machine, Inc. P.O. Box 5993 Spartanburg, SC 29304-5993 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	<b>Nonpriority creditor's name and mailing address</b> Maxi-Press Elastomeric, Inc. 80 Turnpike Drive, Suite 4 Middlebury, CT 06762 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102	<b>Nonpriority creditor's name and mailing address</b> McMaster-Carr P.O. Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,862.03
3.103	<b>Nonpriority creditor's name and mailing address</b> McMaster-Carr P.O. Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred _____ Last 4 digits of account number <u>9500</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$874.97

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3.104	<b>Nonpriority creditor's name and mailing address</b> McNaughton-McKay Electric Co. P.O. Box 890976 Charlotte, NC 28289  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	<b>Nonpriority creditor's name and mailing address</b> Med One Capital Funding, LLC P.O. Box 708278 Sandy, UT 84070  Date(s) debt was incurred _____ Last 4 digits of account number <u>0526</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$7,784.32</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Leased equipment (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	<b>Nonpriority creditor's name and mailing address</b> Mediacom Business 1104 N. Westover Boulevard Albany, GA 31707-6626  Date(s) debt was incurred _____ Last 4 digits of account number <u>8280</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$173.63</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Marketing (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	<b>Nonpriority creditor's name and mailing address</b> Medline Industries Inc. Dept. CH 14400 Palatine, IL 60055-4400  Date(s) debt was incurred _____ Last 4 digits of account number <u>8836</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point and Tri-State locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	<b>Nonpriority creditor's name and mailing address</b> Medline Industries Inc. Box 382075 Pittsburgh, PA 15251-8075  Date(s) debt was incurred _____ Last 4 digits of account number <u>2273</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,146.19</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	<b>Nonpriority creditor's name and mailing address</b> Morrisette Paper Company, Inc. P.O. Box 890982 Charlotte, NC 28289-0982  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	<b>Nonpriority creditor's name and mailing address</b> Nathan Harvey Enterprises Inc. 645 Cooper Road Social Circle, GA 30025  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$350.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>(East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.111	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, P.C. P.O. Box 500 Ellicottville, NY 14731-0500 Date(s) debt was incurred _____ Last 4 digits of account number <u>1665</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$890.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, P.C. P.O. Box 500 Ellicottville, NY 14731-0500 Date(s) debt was incurred _____ Last 4 digits of account number <u>1662</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$322.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, P.C. P.O. Box 500 Ellicottville, NY 14731-0500 Date(s) debt was incurred _____ Last 4 digits of account number <u>2511</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$20.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Austell location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, P.C. P.O. Box 500 Ellicottville, NY 14731-0500 Date(s) debt was incurred _____ Last 4 digits of account number <u>2744</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$50.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	<b>Nonpriority creditor's name and mailing address</b> Orkin 1400 Marietta Blvd. W, Suite B Atlanta, GA 30318-4144 Date(s) debt was incurred _____ Last 4 digits of account number <u>2042</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$125.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	<b>Nonpriority creditor's name and mailing address</b> Osceola Supply, Inc. P.O. Box 13503 Tallahassee, FL 32317 Date(s) debt was incurred _____ Last 4 digits of account number <u>3734</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$11,784.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Chemicals (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	<b>Nonpriority creditor's name and mailing address</b> Overhead Door of Atlanta 221 Armour Drive Atlanta, GA 30324 Date(s) debt was incurred _____ Last 4 digits of account number <u>ALLIANCE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.118	<b>Nonpriority creditor's name and mailing address</b> Pace Analytical Services, Inc. P.O. Box 684056 Chicago, IL 60695-4056 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>3840</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,080.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	<b>Nonpriority creditor's name and mailing address</b> Palmetto Compressors, Inc. P.O. Box 577 302 Hughes Street Clemson, SC 29633 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	<b>Nonpriority creditor's name and mailing address</b> Partsmaster P.O. Box 655326 Dallas, TX 75265 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>4381</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$4,054.68</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	<b>Nonpriority creditor's name and mailing address</b> Penske Truck Leasing Co., L.P. P.O. Box 532658 Atlanta, GA 30353-2658 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>4835</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$39,462.25</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	<b>Nonpriority creditor's name and mailing address</b> Penske Truck Leasing Co., L.P. 2675 Morgantown Road Reading, PA 19607 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0318</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$23,237.74</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	<b>Nonpriority creditor's name and mailing address</b> Penske Truck Leasing Co., L.P. P.O. Box 532658 Atlanta, GA 30353-2658 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0098</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Austell location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	<b>Nonpriority creditor's name and mailing address</b> PeopleReady Inc. 1015 "A" Street Tacoma, WA 98402 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>7100</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$31,802.49</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Temp labor (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.125	<b>Nonpriority creditor's name and mailing address</b> Phillips Staffing c/o AR Funding P.O. Box 16253 Greenville, SC 29606  Date(s) debt was incurred _____ Last 4 digits of account number <u>2519</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Temp labor (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,385.45
<hr/>			
3.126	<b>Nonpriority creditor's name and mailing address</b> Phoebe Corporate Health Center 2410 Sylvester Road Albany, GA 31705  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,615.00
<hr/>			
3.127	<b>Nonpriority creditor's name and mailing address</b> Piedmont Natural Gas P.O. Box 1246 Charlotte, NC 28201-1246  Date(s) debt was incurred _____ Last 4 digits of account number <u>5001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,735.47
<hr/>			
3.128	<b>Nonpriority creditor's name and mailing address</b> Powell Contract Services, LLC 129 Lake Estates Drive Ashburn, GA 31714  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.45
<hr/>			
3.129	<b>Nonpriority creditor's name and mailing address</b> Protection 1/ADT P.O. Box 219044 Kansas City, MO 64121-9044  Date(s) debt was incurred _____ Last 4 digits of account number <u>1467</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$864.72
<hr/>			
3.130	<b>Nonpriority creditor's name and mailing address</b> Pumps, Valves and Controls 1709 South Slaphey Boulevard Albany, GA 31701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.131	<b>Nonpriority creditor's name and mailing address</b> Pure Health Solutions Inc. P.O. Box 742647 Cincinnati, OH 45274-2647  Date(s) debt was incurred _____ Last 4 digits of account number <u>9001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.40

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3.132	<b>Nonpriority creditor's name and mailing address</b> Pye-Barker Fire & Safety, Inc. P.O. Box 69 Roswell, GA 30077-0069 Date(s) debt was incurred _____ Last 4 digits of account number <u>8520</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$242.78</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	<b>Nonpriority creditor's name and mailing address</b> R. S. Andrews 3617 Clearview Parkway Atlanta, GA 30340 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$780.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	<b>Nonpriority creditor's name and mailing address</b> Raintree Waste P.O. Box 18974 Atlanta, GA 31126 Date(s) debt was incurred _____ Last 4 digits of account number <u>2738</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,275.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	<b>Nonpriority creditor's name and mailing address</b> Republic Services #744 P.O. Box 9001099 Louisville, KY 40290-1099 Date(s) debt was incurred _____ Last 4 digits of account number <u>7564</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$905.05</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	<b>Nonpriority creditor's name and mailing address</b> Right Sales & Service 1666 East Vesta Avenue Atlanta, GA 30337 Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance LTS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	<b>Nonpriority creditor's name and mailing address</b> Robertson Home Improvement 2320 Prime Point Conyers, GA 30013 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	<b>Nonpriority creditor's name and mailing address</b> Rogers & Callcott Environmental Attn: Accounts Receivable P.O. Box 5655 Greenville, SC 29606 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,179.92</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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3.139	<b>Nonpriority creditor's name and mailing address</b> Rome Electric Motor Works 36 Westside Industrial Boulevard Rome, GA 30165  Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	<b>Nonpriority creditor's name and mailing address</b> Ross Textiles, Inc. P.O. Box 622 507 King Street E Bethune, SC 29009  Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance LTS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point and Tri-State locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141	<b>Nonpriority creditor's name and mailing address</b> Ryder P.O. Box 402366 Atlanta, GA 30384-2366  Date(s) debt was incurred _____ Last 4 digits of account number <u>5412</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142	<b>Nonpriority creditor's name and mailing address</b> Ryder P.O. Box 402366 Atlanta, GA 30384-2366  Date(s) debt was incurred _____ Last 4 digits of account number <u>5412</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$824.99
3.143	<b>Nonpriority creditor's name and mailing address</b> Ryder P.O. Box 402366 Atlanta, GA 30384-2366  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,076.69
3.144	<b>Nonpriority creditor's name and mailing address</b> Scale Systems, Inc. P.O. Box 116733 Atlanta, GA 30368-6733  Date(s) debt was incurred _____ Last 4 digits of account number <u>1533</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.00
3.145	<b>Nonpriority creditor's name and mailing address</b> Shippers Supply, Inc. P.O. Box 8238 Spartanburg, SC 29305  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.79

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3.146	<b>Nonpriority creditor's name and mailing address</b> SimplexGrinnell District #23 2788 Fairforest Clevedale Spartanburg, SC 29301 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,735.62</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	<b>Nonpriority creditor's name and mailing address</b> Southeastern Freight 420 Davega Road Lexington, SC 29073 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$171.41</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	<b>Nonpriority creditor's name and mailing address</b> Southern Industrial Electronics Inc. 834 Pine Avenue Albany, GA 31701 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	<b>Nonpriority creditor's name and mailing address</b> Spa Rent 803 3rd Avenue, Floor 8 New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	<b>Nonpriority creditor's name and mailing address</b> Spartanburg Regional Healthcare Services Patient Financial Services P.O. Box 743070 Atlanta, GA 30374-3070 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$9,595.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	<b>Nonpriority creditor's name and mailing address</b> Spartanburg Water System 200 Commerce Street P.O. Box 251 Spartanburg, SC 29304 Date(s) debt was incurred _____ Last 4 digits of account number <u>0585</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$42,443.01</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	<b>Nonpriority creditor's name and mailing address</b> Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302 Date(s) debt was incurred _____ Last 4 digits of account number <u>2000</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$341,917.75</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.153	<b>Nonpriority creditor's name and mailing address</b> Standard Textile One Knollcrest Drive Cincinnati, OH 45237  Date(s) debt was incurred _____ Last 4 digits of account number <u>2723</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510,021.63
3.154	<b>Nonpriority creditor's name and mailing address</b> Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302  Date(s) debt was incurred _____ Last 4 digits of account number <u>2723</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Austell location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,524.32
3.155	<b>Nonpriority creditor's name and mailing address</b> Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302  Date(s) debt was incurred _____ Last 4 digits of account number <u>7153</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$740.64
3.156	<b>Nonpriority creditor's name and mailing address</b> Staples Advantage Dept ATL P.O. Box 105748 Atlanta, GA 30384-5386  Date(s) debt was incurred _____ Last 4 digits of account number <u>4203</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Office supplies (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,485.58
3.157	<b>Nonpriority creditor's name and mailing address</b> Steel Core Industrial Supply 849 California Avenue Spartanburg, SC 29303  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.158	<b>Nonpriority creditor's name and mailing address</b> Stericycle, Inc. P.O. Box 6582 Carol Stream, IL 60197-6582  Date(s) debt was incurred _____ Last 4 digits of account number <u>8472</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,007.08
3.159	<b>Nonpriority creditor's name and mailing address</b> Stericycle, Inc. P.O. Box 6582 Carol Stream, IL 60197-6582  Date(s) debt was incurred _____ Last 4 digits of account number <u>9204</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,472.22

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3.160	<b>Nonpriority creditor's name and mailing address</b> Storms Industries, Inc. 1500 S. Western Ave. Chicago, IL 60608  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point and Spartanburg locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,381.38
<hr/>			
3.161	<b>Nonpriority creditor's name and mailing address</b> Streamline Solutions P.O. Box 560775 Orlando, FL 32856  Date(s) debt was incurred ____ Last 4 digits of account number <u>2614</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linen cost of goods sold (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,547.50
<hr/>			
3.162	<b>Nonpriority creditor's name and mailing address</b> Streamline Solutions P.O. Box 560775 Orlando, FL 32856  Date(s) debt was incurred ____ Last 4 digits of account number <u>3448</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linen cost of goods sold (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,802.70
<hr/>			
3.163	<b>Nonpriority creditor's name and mailing address</b> Sunbelt Rentals, Inc. P.O. Box 409211 Atlanta, GA 30384-9211  Date(s) debt was incurred ____ Last 4 digits of account number <u>5719</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,243.79
<hr/>			
3.164	<b>Nonpriority creditor's name and mailing address</b> Superior Document Solutions 1925 Breckinridge Plaza Ste. 160 Duluth, GA 30096  Date(s) debt was incurred ____ Last 4 digits of account number <u>ALLLAU</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Leased equipment (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,344.15
<hr/>			
3.165	<b>Nonpriority creditor's name and mailing address</b> Tamiko Favors c/o Barrett & Farahany Attn: Amanda A. Farahany, Esq. 1100 Peachtree Street, Suite 500 Atlanta, GA 30309  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Discrimination proceeding</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.166	<b>Nonpriority creditor's name and mailing address</b> Teems Electric Inc. 6362 Battle Field Pkwy. Ringgold, GA 30736  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,060.33

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3.167	<b>Nonpriority creditor's name and mailing address</b> Terminix Service, Inc. Attn: Central Accounting 3612 Fernandina Road Columbia, SC 29210  Date(s) debt was incurred _____ Last 4 digits of account number <u>8668</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.168	<b>Nonpriority creditor's name and mailing address</b> Texchine Inc. P.O. Box 188 207 Beaufort Street Chapin, SC 29036  Date(s) debt was incurred _____ Last 4 digits of account number <u>LI01</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	<b>Nonpriority creditor's name and mailing address</b> Thermal Engineering of Arizona 2250 W. Wetmore Road Tucson, AZ 85705  Date(s) debt was incurred _____ Last 4 digits of account number <u>2337</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,279.53
3.170	<b>Nonpriority creditor's name and mailing address</b> Thermopatch Corporation P.O. Box 8007 Syracuse, NY 13217-8007  Date(s) debt was incurred _____ Last 4 digits of account number <u>6735</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,279.78
3.171	<b>Nonpriority creditor's name and mailing address</b> Thermopatch Corporation P.O. Box 8007 Syracuse, NY 13217-8007  Date(s) debt was incurred _____ Last 4 digits of account number <u>1267</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,335.44
3.172	<b>Nonpriority creditor's name and mailing address</b> Tingue, Brown & Co. 309 Dividend Drive Peachtree City, GA 30269  Date(s) debt was incurred _____ Last 4 digits of account number <u>4480</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,283.25
3.173	<b>Nonpriority creditor's name and mailing address</b> Tingue, Brown & Co. P.O. Box 824619 Philadelphia, PA 19182-4619  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,929.04

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3.174	<b>Nonpriority creditor's name and mailing address</b> TLC Tri-State Laundry Companies P.O. Box 1259 Waycross, GA 31502-1259 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.02
<hr/>			
3.175	<b>Nonpriority creditor's name and mailing address</b> TLC Tri-State Laundry Companies P.O. Box 69 Valdosta, GA 31603-0069 Date(s) debt was incurred ____ Last 4 digits of account number <u>Alliance LTS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,372.73
<hr/>			
3.176	<b>Nonpriority creditor's name and mailing address</b> TLC Tri-State Laundry Companies P.O. Box 69 Valdosta, GA 31603-0069 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Tri-State location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,437.84
<hr/>			
3.177	<b>Nonpriority creditor's name and mailing address</b> Uline 12575 Uline Drive Pleasant Prairie, WI 53158 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.178	<b>Nonpriority creditor's name and mailing address</b> ULS Acquisition, LLC 803 3rd Avenue, Floor 8 New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rent and property taxes owed to affiliate (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,666.68
<hr/>			
3.179	<b>Nonpriority creditor's name and mailing address</b> United Rentals (North America), Inc. P.O. Box 100711 Atlanta, GA 30384-0711 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (East Point location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.180	<b>Nonpriority creditor's name and mailing address</b> Universal Environmental Services, LLC 411 Dividend Drive Peachtree City, GA 30269 Date(s) debt was incurred ____ Last 4 digits of account number <u>A355</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

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3.181	<b>Nonpriority creditor's name and mailing address</b> Vaspian LLC P.O. Box 3399 Buffalo, NY 14240  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
3.182	<b>Nonpriority creditor's name and mailing address</b> Vaspian LLC P.O. Box 3399 Buffalo, NY 14240  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00
3.183	<b>Nonpriority creditor's name and mailing address</b> Vaughn Belting Co., Inc. P.O. Box 5505 Spartanburg, SC 29304  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	<b>Nonpriority creditor's name and mailing address</b> Wachovia Commercial Loan (0009-1) P.O. Box 41602 Philadelphia, PA 19101-1601  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	<b>Nonpriority creditor's name and mailing address</b> Waldrop Mechanical Services P.O. Box 369 Reidville, SC 29375  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,228.59
3.186	<b>Nonpriority creditor's name and mailing address</b> Walton EMC Natural Gas P.O. Box 1347 Monroe, GA 30655-1347  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,904.93
3.187	<b>Nonpriority creditor's name and mailing address</b> WebAddo, Inc. 1270 Caroline Street Suite D120-106 Atlanta, GA 30307  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.39

Debtor	Alliance Laundry & Textile Service, LLC <small>Name</small>	Case number (if known)	18-31755-5
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3.188	<b>Nonpriority creditor's name and mailing address</b> Weldor's Supply HOUse, Inc. P.O. Box 4926 Spartanburg, SC 29305-4926  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Spartanburg location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	<b>Nonpriority creditor's name and mailing address</b> Wellstar Health Systems 1800 Parkway Place Marietta, GA 30067  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Outside processing (Austell location); judgment entered in Superior Court of Cobb County, State of Georgia</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,010,731.26
3.190	<b>Nonpriority creditor's name and mailing address</b> Willingham 1631, LLC B.T. Investments P.O. Box 25585 San Mateo, CA 94402  Date(s) debt was incurred _____ Last 4 digits of account number <u>Alliance</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.191	<b>Nonpriority creditor's name and mailing address</b> Wiregrass Rehabilitation Center 795 Ross Clark Circle #1 Dothan, AL 36303  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Tri-State location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.192	<b>Nonpriority creditor's name and mailing address</b> Wright Express P.O. Box 639 Portland, ME 04104  Date(s) debt was incurred _____ Last 4 digits of account number <u>2850</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (East Point location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,555.76

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Associated Cos, Inc. 140 Cecil Court Fayetteville, GA 30214	Line <u>3.9</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	American Associated Cos., Inc. 140 Cecil Court Fayetteville, GA 30214	Line <u>3.10</u>  <input type="checkbox"/> Not listed. Explain _____	—



Debtor	Alliance Laundry & Textile Service, LLC	Case number (if known)	18-31755-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	Atlanta Sprinkler Inspection 32 Business Center Drive Winder, GA 30680	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Banks Boiler Service, Inc. 2265 Toledo Drive Albany, GA 31705	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Cintas-EP P.O. Box 631025 Cincinnati, OH 45263-1025	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	City of Albany Attn: Finance Department 222 Pine Avenue Albany, GA 31702-0447	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	<u>4166</u>
4.7	De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	<u>9865</u>
4.8	De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Floyd County Tax Commissioner P.O. Box 26 Rome, GA 30162-0026	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	<u>Alliance</u>
4.10	Grainger Dept. 831813324 Palatine, IL 60038-0001	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Grainger Dept. 848866406 Palatine, IL 60038-0001	Line <u>3.81</u> <input type="checkbox"/> Not listed. Explain _____	<u>6406</u>
4.12	Integra Business Alternatives LLC 1704 N. Slappey Blvd. Albany, GA 31701	Line <u>3.90</u> <input type="checkbox"/> Not listed. Explain _____	<u>910</u>
4.13	Integra Business Alternatives, LLC c/o Kitchens Kelley Gaynes P.C. Attn: Bryan Kaplan, Esq. 5555 Glenridge Connector Atlanta, GA 30342	Line <u>3.90</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	Jensen USA, Inc. 99 Aberdeen Loop Panama City, FL 32405	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	Med One Group 10712 South 1300 East Sandy, UT 84094	Line <u>3.105</u> <input type="checkbox"/> Not listed. Explain _____	<u>4070</u>

Debtor	Alliance Laundry & Textile Service, LLC	Case number (if known)	18-31755-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.16	Osceola Supply, Inc. 915 Commerce Boulevard Midway, FL 32343	Line <u>3.116</u> <input type="checkbox"/> Not listed. Explain _____	<u>3734</u>
4.17	Partsmaster 2727 Chemsearch Blvd. Irving, TX 75062	Line <u>3.120</u> <input type="checkbox"/> Not listed. Explain _____	<u>4381</u>
4.18	Penske Truck Leasing Co., L.P. 2675 Morgantown Road Reading, PA 19607	Line <u>3.121</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	Penske Truck Leasing Co., L.P. P.O. Box 532658 Atlanta, GA 30353-2658	Line <u>3.122</u> <input type="checkbox"/> Not listed. Explain _____	<u>0318</u>
4.20	Penske Truck Leasing Co., L.P. 2675 Morgantown Road Reading, PA 19607	Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain _____	<u>0098</u>
4.21	Raintree Waste 1073 Ridge Avenue SW Atlanta, GA 30315	Line <u>3.134</u> <input type="checkbox"/> Not listed. Explain _____	<u>2738</u>
4.22	S.C. Department of Revenue and Taxation 775 Addison Avenue, Ste 201 Rock Hill, SC 29730	Line <u>2.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	SimplexGrinnell Dept. CH 10320 Palatine, IL 60055-0320	Line <u>3.146</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	Standard Textile One Knollcrest Drive Cincinnati, OH 45237	Line <u>3.152</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302	Line <u>3.153</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26	Standard Textile One Knollcrest Drive Cincinnati, OH 45237	Line <u>3.154</u> <input type="checkbox"/> Not listed. Explain _____	<u>2723</u>
4.27	Standard Textile One Knollcrest Drive Cincinnati, OH 45237	Line <u>3.155</u> <input type="checkbox"/> Not listed. Explain _____	<u>7153</u>
4.28	Staples Advantage Dept ATL P.O. Box 405386 Atlanta, GA 30384-5386	Line <u>3.156</u> <input type="checkbox"/> Not listed. Explain _____	<u>4203</u>

Debtor	Alliance Laundry & Textile Service, LLC	Case number (if known)	18-31755-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.29	Stericycle, Inc. 28161 N. Keith Drive Lake Forest, IL 60045	Line <u>3.159</u> <input type="checkbox"/> Not listed. Explain _____	<u>9204</u>
4.30	Teems Electric Company c/o Spears, Moore, Rebman & Williams Attn: Cara Weiner, Esq. 601 Market Street, Suite 400 Chattanooga, TN 37402	Line <u>3.166</u> <input type="checkbox"/> Not listed. Explain _____	—
4.31	Thermopatch Corporation 2204 Erie Boulevard East Syracuse, NY 13224	Line <u>3.170</u> <input type="checkbox"/> Not listed. Explain _____	—
4.32	Thermopatch Corporation 2204 Erie Boulevard East Syracuse, NY 13224	Line <u>3.171</u> <input type="checkbox"/> Not listed. Explain _____	<u>1267</u>
4.33	Tingue, Brown & Co. P.O. Box 824619 Philadelphia, PA 19182-4619	Line <u>3.172</u> <input type="checkbox"/> Not listed. Explain _____	—
4.34	TLC Tri-State Laundry Companies 1560 Old Clyattville Road Valdosta, GA 31601	Line <u>3.175</u> <input type="checkbox"/> Not listed. Explain _____	<u>Alliance LTS</u>
4.35	TLC Tri-State Laundry Companies P.O. Box 69 Valdosta, GA 31603-0069	Line <u>3.175</u> <input type="checkbox"/> Not listed. Explain _____	<u>Alliance LTS</u>
4.36	TLC Tri-State Laundry Companies 1560 Old Clyattville Road Valdosta, GA 31601	Line <u>3.176</u> <input type="checkbox"/> Not listed. Explain _____	—
4.37	Vaspian LLC 266 Oak Street Buffalo, NY 14203	Line <u>3.181</u> <input type="checkbox"/> Not listed. Explain _____	—
4.38	Vaspian LLC 266 Oak Street Buffalo, NY 14203	Line <u>3.182</u> <input type="checkbox"/> Not listed. Explain _____	—
4.39	Wellstar Health System, Inc. c/o Moore Ingram Johnson & Steele, LLP Emerson Overlook 326 Roswell Street, Suite 100 Marietta, GA 30060	Line <u>3.189</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>170,277.24</u>
5b. Total claims from Part 2	5b. + \$ <u>3,967,677.39</u>

Debtor   Alliance Laundry & Textile Service, LLC  
Name

Case number (if known)   18-31755-5

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c.

\$	4,137,954.63
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**Fill in this information to identify the case:**

Debtor name Alliance Laundry & Textile Service, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31755-5

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease for single story masonry building containing approximately 52,066 square feet of space located at 1631 Willingham Drive, East Point, Georgia dated December 3, 2001 and as amended by First Amendment to Lease Agreement dated October 31, 2017; term of lease extended for additional 10 years approximate 9 years

State the term remaining

List the contract number of any government contract

1631 Willingham BT, LLC  
700 Promontory Point Lane, Unit 1401  
San Mateo, CA 94404

2.2. State what the contract or lease is for and the nature of the debtor's interest

Contract with the United States of America for linen service at Moody Air Force Base Clinic, Georgia dated October 1, 2016

State the term remaining

List the contract number of any government contract

FA4830-16-C-0007

23 Contracting Squadron - FA4830  
4380B Alabama Road, Bldg. 932  
Moody A F B, GA 31699-1794

2.3. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

ABM Lanier-Hunt Airport Parking  
6033 South Terminal Parkway  
Atlanta, GA 30321-9999

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Schedule of Protection, Proposal and Sales Agreement dated May 30, 2018 (East Point location)

State the term remaining

List the contract number of any government contract

ADT Protection1  
P.O. Box 49292  
Wichita, KS 67201

2.5. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Amtran Medical Transportation, Inc.  
14 Redmond Ct. NW  
Rome, GA 30165-1244

2.6. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Amulatory Care Center  
947 S. Broad Street  
Thomasville, GA 31792-6161

2.7. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement dated June 17, 2013; contract expires June 30, 2020

State the term remaining

List the contract number of any government contract

Approximately 1 year and 8 months

AnMed Health  
2000 East Greenville Street  
Anderson, SC 29621

2.8. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with AnMed Health dated June 17, 2013; contract expires June 30, 2020; Spartanburg

State the term remaining

List the contract number of any government contract

AnMed Health Cannon  
123 WG Acker Drive  
Pickens, SC 29671-2739

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.9.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Linen Service Agreement with AnMed Health dated June 17, 2013; contract expires June 30, 2020; Spartanburg        	AnMed Health Medical Center 800 N. Fant Street Anderson, SC 29621-5708
2.10.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Linen Service Agreement with AnMed Health dated June 17, 2013; contract expires June 30, 2020; Spartanburg        	AnMed Health North Campus 2000 E. Greenville Street Anderson, SC 29621-1580
2.11.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Linen Service Agreement with AnMed Health dated June 17, 2013; contract expires June 30, 2020; Spartanburg        	AnMed Health Sleep Lab 355 Old Greenville Road Spartanburg, SC 29301-4755
2.12.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Linen Service Agreement with AnMed Health dated June 17, 2013; contract expires June 30, 2020; Spartanburg        	AnMed Health Wound & Hyperbaric Medicine 2000 E. Greenville Street, Ste. 5110 Anderson, SC 29621-1763
2.13.	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Partners Cooperative Laundry Service Agreement dated September 1, 2013 and Participating Hospital Agreement dated May 25, 2017; contract expires July 31, 2019; Tri-State        	Archbold Memorial Hospital, Inc. 915 Gordon Avenue Thomasville, GA 31792-6614

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.14. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Archbold Primary Care  
2621 E. Pinetree Blvd.  
Thomasville, GA 31792-4840

2.15. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Archbold Sleep Center  
114 Momosa Drive, Ste D  
Thomasville, GA 31792-6679

2.16. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Bainbridge Specialty Clinic  
1323 E. Shotwell Street  
Bainbridge, GA 39819-4252

2.17. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

BG Neurology  
1071 Boiling Springs Road  
Spartanburg, SC 29303-2201

2.18. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Brooks County Hospital  
903 N. Court Street  
Quitman, GA 31643-1315



Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.19. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Cardio Consultants of South Georgia  
100 Mimosa Drive  
Thomasville, GA 31792-6676

2.20. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Carlton Breast Center At Meredyth Place  
2709 Meredyth Drive, Ste 260  
Albany, GA 31707-0218

2.21. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Carolina Center for Behavioral Health  
2700 E. Phillips Road  
Greer, SC 29650-4815

2.22. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Carolina Orthopaedic & Neurologic Assoc.  
1330 Boiling Springs Road, Ste 1600  
Spartanburg, SC 29303-4219

2.23. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Center for Advanced Rehabilitation  
110 Park City Road  
Rossville, GA 30741-3980

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
EastPoint

State the term remaining

List the contract number of any government contract

Center for Advanced Rehabilitation  
SACU 3rd Floor  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742-3643

2.25. State what the contract or lease is for and the nature of the debtor's interest

Lease dated March 13, 2012 for 2 2013 Great Dane Trailers for the East Point plant; term of lease is 120 months and expires August 31, 2022

State the term remaining

List the contract number of any government contract

Approx. 3 years and 5 months

Commercial Trailer Leasing, Inc.  
103 Eisenhower Parkway, Suite 300  
Roseland, NJ 07068

2.26. State what the contract or lease is for and the nature of the debtor's interest

Lease dated May 23, 2012 for a 2013 Great Dane Trailer for the East Point plant; term of lease is 120 months and expires August 31, 2022

State the term remaining

List the contract number of any government contract

Approx. 3 years and 7 months

Commercial Trailer Leasing, Inc.  
103 Eisenhower Parkway, Suite 300  
Roseland, NJ 07068

2.27. State what the contract or lease is for and the nature of the debtor's interest

Lease dated July 26, 2011 for 2 2012 Great Dane Utility Trailers for the Spartanburg plant; term of lease is 96 months and expires January 31, 2020

State the term remaining

List the contract number of any government contract

Approx. 9 months

Commercial Trailer Leasing, Inc.  
103 Eisenhower Parkway, Suite 300  
Roseland, NJ 07068

2.28. State what the contract or lease is for and the nature of the debtor's interest

Lease dated July 26, 2011 for a Great Dane Trailer for the Spartanburg plant; term of lease is 96 months and expires July 31, 2021

State the term remaining

List the contract number of any government contract

Approx. 9 months

Commercial Trailer Leasing, Inc.  
103 Eisenhower Parkway, Suite 300  
Roseland, NJ 07068

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.29. State what the contract or lease is for and the nature of the debtor's interest

Gas Supply Agreement dated November 26, 2018 for Spartanburg location; delivery term is January 1, 2019 through December 31, 2019

State the term remaining

List the contract number of any government contract

Constellation NewEnergy - Gas Division  
9960 Corporate Campus Drive  
Suite 2000  
Louisville, KY 40223

2.30. State what the contract or lease is for and the nature of the debtor's interest

Employment contract dated October 10, 2018

State the term remaining

List the contract number of any government contract

Daisy Mvou  
2300 County Walk  
Apt. 916  
Snellville, GA 30039

2.31. State what the contract or lease is for and the nature of the debtor's interest

Non-Compete and Non-Solicitation Agreement dated April 12, 2017

State the term remaining

List the contract number of any government contract

David M. Krawczyk  
229 Hearthwood Lane  
Simpsonville, SC 29681

2.32. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease Agreement dated February 18, 2016 for lease of Mitsubishi Class IV-IC Custom Forklift; Model No. FG25; Serial Number AF82F30268  
Approximately 4 months

State the term remaining

List the contract number of any government contract

De Lage Landen Financial Services, Inc.  
Attn: Lease Processing Center  
1111 Old Eagle School Road  
Wayne, PA 19087

2.33. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease Agreement dated October 19, 2017 for a Sharp MC-4050N Copier; term of Lease is 48 months  
Approximately 2 years and 11 months

State the term remaining

List the contract number of any government contract

De Lage Landen Financial Services, Inc.  
Attn: Lease Processing Center  
1111 Old Eagle School Road  
Wayne, PA 19087-8608

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.34. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017

State the term remaining

List the contract number of any government contract

VA247-17-D-0138

Department of Veterans Affairs  
VISN 7 Network Contracting Activity  
501 Greene Street  
Hatcher Building - Suite 2  
Augusta, GA 30901

2.35. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
EastPoint

State the term remaining

List the contract number of any government contract

Dunwoody Urgent Care  
1730 Mount Vernon Road  
Atlanta, GA 30338-4245

2.36. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Spartanburg

State the term remaining

List the contract number of any government contract

Eden Terrace of Spartanburg  
2780 E. Main Street  
Spartanburg, SC 29307-1248

2.37. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service at Martin Army Community Hospital, Fort Benning, Georgia dated October 1, 2014

State the term remaining

List the contract number of any government contract

W81K00-14-C-0096

EMB, BMACH  
Martin Army Community Hospital  
7950 Martin Loop  
Fort Benning, GA 31905

2.38. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
EastPoint

State the term remaining

List the contract number of any government contract

EP Star Wipers, Inc. - RAGS  
1125 E. Main Street  
Newark, OH 43055-8869

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.39. State what the contract or lease is for and the nature of the debtor's interest      Staffing Agreement dated July 10, 2017

State the term remaining

List the contract number of any government contract

Express Services, Inc.  
d/b/a Express Employment Professionals  
P.O. Box 535434  
Atlanta, GA 30353-5434

2.40. State what the contract or lease is for and the nature of the debtor's interest      Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Family Medical Center  
1657 N. Expressway  
Griffin, GA 30223-1276

2.41. State what the contract or lease is for and the nature of the debtor's interest      Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

First Georgia Physician Group  
4000 Shakerag Hill, Ste 3201  
Peachtree City, GA 30269-4047

2.42. State what the contract or lease is for and the nature of the debtor's interest      Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

First Georgia Physician Group  
101 Yorktown Drive, Suite 100  
Fayetteville, GA 30214

2.43. State what the contract or lease is for and the nature of the debtor's interest      Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

First Georgia Physician Group  
101 Yorktown Drive, Suite 100  
Fayetteville, GA 30214

2.44. State what the contract or lease is for and the nature of the debtor's interest      Participating Hospital Agreement/Laundry Service Agreement dated September 1, 2013; contract expires November 1, 2020

Floyd Healthcare Management, Inc.  
304 Turner McCall Boulevard  
Rome, GA 30165

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

Approximatey 1 year, 11 months

List the contract number of any government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg and Austell locations

State the term remaining

List the contract number of any government contract

Fort Jackson  
Building 3295 Forney Street  
Columbia, SC 29202

2.46. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Fresenius Medical Care of  
Duluth-Lawrenceville  
1115 Herrington Road  
Lawrenceville, GA 30044-7503

2.47. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Fresenius Medical Care of  
DeKalb/Rockdale  
6085 Hillandale Drive  
Lithonia, GA 30058-4839

2.48. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Fresenius Medical Care of Decatur  
2721 Irvin Way  
Decatur, GA 30030-1720

2.49. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Fresenius Medical Care of Honey Creek  
1901 Honey Creek Commons SE  
Conyers, GA 30013-5806

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.50. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated July 1, 2018; contract expires June 30, 2019

State the term remaining Approximately 8 months

List the contract number of any government contract

GA State Univ. Student Health Clinic  
141 Piedmont Avenue, NE  
Suite D  
Atlanta, GA 30303-2417

2.51. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Georgia Baptist College of Nursing  
Mercer University  
3001 Mercer University Drive  
Atlanta, GA 30341-4115

2.52. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Georgia Breast Surgery, PC  
631 Professional Drive, Ste 240  
Lawrenceville, GA 30046-3367

2.53. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Georgia Regional Hospital  
1915 Eisenhower Drive  
Savannah, GA 31406-5027

2.54. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Glenn-Mor Nursing Home  
10629 US Highway 19 S  
Thomasville, GA 31792-1127

2.55. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

GoldStar EMS  
1607 North Martin Luther King Jr. Blvd.  
Americus, GA 31719

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.56. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Grady General Hospital  
1182 5th Street SE  
Cairo, GA 39828-3141

2.57. State what the contract or lease is for and the nature of the debtor's interest Participating Hospital Agreement/Laundry Service Agreement dated September 1, 2013; contract expires November 1, 2020

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Approximately 1 year, 11 months

Gwinnett Medical Center  
1000 Medical Center Boulevard  
Lawrenceville, GA 30046

2.58. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Home Hospice Nurses-Direct Sale  
1530 Drayton Road  
Spartanburg, SC 29307

2.59. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Hospice of Laurens County  
1304 Springdale Drive  
Clinton, SC 29325-7226

2.60. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated January 15, 2016; contract expires January 14, 2019

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Approximately 2 months

Hospice of the Upstate, Inc.  
Attn: Pamela S. Melbourne, President  
1835 Rogers Road  
Anderson, SC 29621



Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- |       |  |  |   |
|-------|--|--|---|
| 2.61. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Subcontract Service Agreement dated May 1, 2016; contract expires April 30, 2021<br>Approximately 2 years and 6 months       | Hospital Services, Inc.<br>2751 The Boulevard<br>Columbia, SC 29209                                     |
| 2.62. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with Houston Hospitals, Inc. dated September 1, 2018; contract expires August 31, 2021;<br>EastPoint | Houston Health Pavilion<br>233 N. Houston Road<br>Warner Robins, GA 31093-3024                          |
| 2.63. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement dated September 1, 2018; contract expires August 31, 2021<br>Approximately 2 years and 10 months     | Houston Hospitals, Inc.<br>d/b/a Houston Healthcare<br>1601 Watson Boulevard<br>Warner Robins, GA 31093 |
| 2.64. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with Houston Hospitals, Inc. dated September 1, 2018; contract expires August 31, 2021;<br>EastPoint | Houston Medical Center<br>c/o Houston Hospitals, Inc.<br>1601 Watson Blvd.<br>Warner Robins, GA 31093   |
| 2.65. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with Houston Hospitals, Inc. dated September 1, 2018; contract expires August 31, 2021;<br>EastPoint | Houston Perry Hospital<br>1120 Morningside Drive<br>Perry, GA 31069-2906                                |

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.66. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Houston Hospitals, Inc. dated September 1, 2018; contract expires August 31, 2021; EastPoint

State the term remaining

List the contract number of any government contract

Houston Surgery Center  
1659 Watson Blvd.  
Warner Robins, GA 31093-3431

2.67. State what the contract or lease is for and the nature of the debtor's interest

Staffing Services Agreement dated July 10, 2017

State the term remaining

List the contract number of any government contract

Integra Business Alternatives, Inc.  
1704 N. Slappey Blvd.  
Columbus, GA 31901

2.68. State what the contract or lease is for and the nature of the debtor's interest

Linen Control Subscription Agreement dated March 11, 2015 for a ScrubEx MV Dispenser/Receiver Unit and Web Based Management Software ScrubEx/alEx; Equipment Addendum dated April 3, 2015

State the term remaining

List the contract number of any government contract

IPA One  
10712 South 1300 East  
Sandy, UT 84094

2.69. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Joe-Anne Burgin Nursing Home  
321 Randolph Street  
Cuthbert, GA 39840-6127

2.70. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Judson G. Black, MD LLC  
755 Mount Vernon Hwy NE, Ste 430  
Atlanta, GA 30328-4279

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.71. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated July 31, 2018

State the term remaining

List the contract number of any government contract

Kendric McCarty  
3399 Benthollow Lane  
Duluth, GA 30096

2.72. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Lewis Hall Singletary Oncology Center  
919 S. Broad Street  
Thomasville, GA 31792-6114

2.73. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Linen Replacement in Excess of Allowance  
1631 Willingham Drive  
Atlanta, GA 30344-4810

2.74. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Linen Replacement in Excess of Allowance  
355 Old Greenville Road  
Spartanburg, SC 29301-4755

2.75. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Linen Replacement in Excess of Allowance  
404 Hodges Avenue  
Albany, GA 31701-1614

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.76. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Spartanburg

State the term remaining

List the contract number of any government contract

Lung & Chest Medical Associates  
2030 N. Church Street Place  
Spartanburg, SC 29303-2706

- 2.77. State what the contract or lease is for and the nature of the debtor's interest
- Contract with United States of America for linen services at Martin Army Community Hospital, Fort Benning, Georgia dated September 13, 2016 and modified as of December 14, 2017

State the term remaining

List the contract number of any government contract

W81K00-14-C-0096

Martin Army Hospital  
7950 Martin Loop  
Fort Benning, GA 31905-5648

- 2.78. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement dated July 17, 2013; contract expires June 18, 2019

State the term remaining

List the contract number of any government contract

Approximately 8 months

Mary Black Health System LLC  
1700 Skyline Drive  
Spartanburg, SC 29304

- 2.79. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement with Mary Black Health System LLC dated July 17, 2013; contract expires June 18, 2019; Spartanburg

State the term remaining

List the contract number of any government contract

Mary Black Memorial Hospital  
1700 Skylyn Drive  
Spartanburg, SC 29307-1041

- 2.80. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement with Mary Black Health System LLC dated July 17, 2013; contract expires June 18, 2019; Spartanburg

State the term remaining

List the contract number of any government contract

MBMH Outpatient Therapy Services  
1650 Skylyn Drive, Ste 100  
Spartanburg, SC 29307-1069

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.81. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Mary Black Health System LLC dated July 17, 2013; contract expires June 18, 2019; Spartanburg

State the term remaining

List the contract number of any government contract

MBMH Women's Breast Health Center  
1650 Skylyn Drive, Ste 130  
Spartanburg, SC 29307-1069

2.82. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

MEM Oolteway Imaging Center  
6401 Mountain View Road  
Ooltewah, TN 37363-6681

2.83. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

Midtown Neurology PC  
285 Boulevard NE, Ste 345  
Atlanta, GA 30312-4201

2.84. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Mitchell Convalescent Center  
37 S. Ellis Street  
Camilla, GA 31730-1812

2.85. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement; Tri-State

State the term remaining

List the contract number of any government contract

Mitchell County Hospital  
90 E. Stephens Street  
Camilla, GA 31730-1836

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.86. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen services at Moncrief Army Health Clinic, Fort Jackson, South Carolina dated May 1, 2018; and Contract with the United States of America for linen service at Moncrief Army Health Clinic, Fort Jackson, South Carolina dated November 1, 2018

State the term remaining

List the contract number of any government contract

Moncrief Army Health Clinic  
4500 Stuart Avenue  
Columbia, SC 29207-5700

2.87. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen services at Moody Air Force Base in Georgia dated October 1, 2018; Tri-State

State the term remaining

List the contract number of any government contract

FA4830-16-C-0007

Moody Air Force Base Clinic  
3276 Mitchell Blvd.  
Moody A F B, GA 31699-1500

2.88. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Morningside of Albany  
1721 Beattie Road  
Albany, GA 31721-2911

2.89. State what the contract or lease is for and the nature of the debtor's interest

Laundry Service Agreement dated September 1, 2013 and Participating Hospital Agreement dated October 8, 2013

State the term remaining

List the contract number of any government contract

Northeast Georgia Hospital System  
743 Spring Street  
Gainesville, GA 30501-3899

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.90. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement dated September 1, 2013 and Participating Hospital Agreement with Northeast Georgia Hospital System dated October 8, 2013 (EastPoint location)

State the term remaining

List the contract number of any government contract

Northeast Georgia Medical Center Barrow  
316 N. Broad Street  
Winder, GA 30680-2150

2.91. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining

List the contract number of any government contract

Northside Center for Behavioral & Psychiatric Care  
401 Old Albany Road  
Thomasville, GA 31792-4014

2.92. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Orthopedic Specialties  
303 E. Wood Street  
Spartanburg, SC 29303-3020

2.93. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Palmetto Hematology Oncology- Union  
407 W. South Street  
Union, SC 29379-2771

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.94. State what the contract or lease is for and the nature of the debtor's interest

Linen Services Agreement dated September 1, 2013; associated with Participating Hospital Agreement with Northeast Georgia Hospital System; contract expires November 1, 2020

State the term remaining

Approximately 1 year, 11 months

List the contract number of any government contract

Partners Cooperative, Inc.  
3625 Cumberland Boulevard, SE  
Suite #1425  
Atlanta, GA 30339

2.95. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining

List the contract number of any government contract

Pelham Parkway Nursing Home  
608 Dogwood Drive NE  
Pelham, GA 31779-1132

2.96. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement dated December 10, 2014 for a Freightliner Truck for the Spartanburg plant; Lease Nos. 136746 and 136750 expire January 31, 2021 and Lease Nos. 136747, 136748 and 136749 expire December 31, 2020

State the term remaining

List the contract number of any government contract

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658

2.97. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement dated November 4, 2015 for a Freightliner Truck for the Spartanburg plant; Lease Nos. 160110 and 160111 expire October 31, 2022 and Lease No. 160113 expires April 30, 2020

State the term remaining

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658



Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.98. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement dated February 3, 2016 for a Freightliner for the Spartanburg plant; Lease expires August 31, 2021

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658

2.99. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement effective December 20, 2012; Lease expires January 31, 2019

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658

2.100. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement dated January 7, 2013; Lease expires April 30, 2019

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658

2.101. State what the contract or lease is for and the nature of the debtor's interest

Vehicle Lease Service Agreement effective August 1, 2013; Lease expires August 31, 2019

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Penske Truck Leasing Co., LP  
P.O. Box 532658  
Atlanta, GA 30353-2658

2.102. State what the contract or lease is for and the nature of the debtor's interest

Employment Services Agreement dated July 10, 2017

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

PeopleReady Inc.  
1015 "A" Street  
Tacoma, WA 98402

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.103. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phobe Community Care Clinic  
417 W. 4th Avenue  
Albany, GA 31701-1915

2.104. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Community Benefit  
417 W. 3rd Avenue  
Albany, GA 31701-1943

2.105. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Diagnostics Imaging Center  
2709 Meredyth Drive, Ste. 100  
Albany, GA 31707-0222

2.106. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Endoscopy Center  
2709 Meredyth Drive  
Albany, GA 31707-0222

2.107. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Family Medical Center - Albany  
901 N. Madison Street  
Albany, GA 31701-2210

2.108. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Family Medical Center - Camilla  
48 US Highway 19 S  
Camilla, GA 31730-1960

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.109. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Family Medical Center - Pelham  
410 Curry Street NE  
Pelham, GA 31779-1457

2.110. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Family Medical Center- Laurel Pl.  
1390 US Highway 19 S  
Leesburg, GA 31763-4831

2.111. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Gastroenterology Associates  
2709 Meredyth Drive  
Albany, GA 31707-0222

2.112. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Healthworks  
311 W. 3rd Avenue  
Albany, GA 31701-2093

2.113. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Infectious Disease  
1950 Palmyra Road  
Albany, GA 31701

2.114. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Tri-State

Phoebe Neurology Associates  
2709 Meredyth Drive, Ste 230  
Albany, GA 31707-0218

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.115. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Neurosurgical Associates  
2622 Meredyth Drive  
Albany, GA 31707-0206

- 2.116. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Northwest  
2336 Dawson Road  
Albany, GA 31707-2800

- 2.117. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Orthopaedic Specialty Group  
2709 Meredyth Drive, Ste 450  
Albany, GA 31707-0220

- 2.118. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated August 1, 2016, together with Addendum to Linen Service Agreement dated July 27, 2017

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Putney Memorial Hospital  
417 W. 3rd Avenue  
Albany, GA 31701-1943

- 2.119. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Putney Memorial Hospital  
North Campus  
2000 Palmyra Road  
Albany, GA 31701-1528

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.120. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Rheumatology  
901 N. Madison Street  
Albany, GA 31701-2210

2.121. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Sickle Cell Clinic  
1009 N. Monroe Street, Ste B  
Albany, GA 31701-1970

2.122. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Sleep Disorders Center  
2709 Meredyth Drive, Ste 310  
Albany, GA 31707-0219

2.123. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Sumter Medical Center  
126 US Highway 280 W.  
Americus, GA 31719-8645

2.124. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Sumter OB/GYN  
126 US Highway 280 W.  
Americus, GA 31719-8645

2.125. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

Phoebe Sumter Orthopedics  
132 US Highway 280 W.  
Americus, GA 31719-8645

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.126. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Sumter Surgical Associates  
120 US Highway 280 W  
Americus, GA 31719-8645

2.127. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Sumter Wellness & Educ. Center  
132 US Highway 280 W.  
Americus, GA 31719-8645

2.128. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Tower Medical at Meredyth Place  
2709 Meredyth Drive, Ste 330  
Albany, GA 31707-0213

2.129. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Worth Family Medicine - Sylvester  
1014 W. Franklin Street  
Sylvester, GA 31791-1971

2.130. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Phoebe Worth Medical Center  
807 S. Isabella Street  
Sylvester, GA 31791-7554

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.131. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Phoebe Wound Care & Hyperbaric Center  
803 N. Jefferson Street  
Albany, GA 31701-2373

- 2.132. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Premier Orthopedics  
2405 Osler Court, STe 100  
Albany, GA 31707-0215

- 2.133. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated January 8, 2018

State the term remaining

List the contract number of any government contract

R. Allen Simmons  
14 Red Jonathan Court  
Simpsonville, SC 29681

- 2.134. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Randolph Medical Associates  
125 McDonald Avenue  
Cuthbert, GA 39840-5829

- 2.135. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated August 1, 2018; contract expires July 31, 2021

State the term remaining

List the contract number of any government contract

Approximately 2 years and 8 months

Regional Medical Center of Orangeburg  
and Calhoun Counties  
3000 Saint Matthews Road  
Orangeburg, SC 29118-1442

- 2.136. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated February 28, 2017

State the term remaining

List the contract number of any

Richard Leatherwood  
1370 Hanging Rock Road  
Boiling Springs, SC 29316

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.137. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Regional Medical Center of Orangeburg and Calhoun Counties dated August 1, 2018; contract expires July 31, 2021 (Spartanburg location)

State the term remaining

List the contract number of any government contract

RMCO Healthplex  
3000 Saint Matthews Road  
Orangeburg, SC 29118-1442

2.138. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Regional Medical Center of Orangeburg and Calhoun Counties dated August 1, 2018; contract expires July 31, 2021 (Spartanburg location)

State the term remaining

List the contract number of any government contract

RMCO Healthplex - Holly Hill  
187 Bunch Ford Road  
Holly Hill, SC 29059-8224

2.139. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Regional Medical Center of Orangeburg and Calhoun Counties dated August 1, 2018; contract expires July 31, 2021 (Spartanburg location)

State the term remaining

List the contract number of any government contract

RMCO Healthplex - Santee  
111 John Lawson Avenue  
Santee, SC 29142-8654

2.140. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Regional Medical Center of Orangeburg and Calhoun Counties dated August 1, 2018; contract expires July 31, 2021 (Spartanburg location)

State the term remaining

List the contract number of any government contract

RMCO Urgent Care - Bamberg  
185 McGee Street  
Bamberg, SC 29003-1154



Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.141. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated October 27, 2017

State the term remaining

List the contract number of any government contract

Robert J. Hawkins  
744 September Chase  
Wellford, SC 29385

2.142. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated January 10, 2018

State the term remaining

List the contract number of any government contract

Rossu Smith  
4801 Impala Lane  
Albany, GA 31705

2.143. State what the contract or lease is for and the nature of the debtor's interest Truck Lease and Service Agreement dated February 9, 2017; Lease expired February 28, 2020

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.144. State what the contract or lease is for and the nature of the debtor's interest Truck Lease and Service Agreement dated August 20, 2010; Lease expires April 21, 2021

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.145. State what the contract or lease is for and the nature of the debtor's interest Truck Lease and Service Agreement dated November 4, 2014; Lease expires September 16, 2021

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.146. State what the contract or lease is for and the nature of the debtor's interest

Truck Lease and Service Agreement dated December 10, 2010; Lease expires May 6, 2019

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.147. State what the contract or lease is for and the nature of the debtor's interest

Truck Lease and Service Agreement dated April 26, 2011; Lease expires February 3, 2022

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.148. State what the contract or lease is for and the nature of the debtor's interest

Truck Lease and Service Agreement dated January 10, 2013; Lease expires June 27, 2019

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.149. State what the contract or lease is for and the nature of the debtor's interest

Truck Lease and Service Agreement dated August 11, 2009; Lease No. 629303 expires March 29, 2020 and Lease No. 629304 expires January 30, 2020

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

2.150. State what the contract or lease is for and the nature of the debtor's interest

Truck lease and Service Agreement dated August 11, 2009; Lease No. 629305 expires April 30, 2020 and Lease No. 631278 expires October 16, 2019

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.151. State what the contract or lease is for and the nature of the debtor's interest
- Truck Lease and Service Agreement dated April 26, 2011; Lease expires October 3, 2019

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

- 2.152. State what the contract or lease is for and the nature of the debtor's interest
- Truck Lease and Service Agreement; Lease No. 529945 expires June 21, 2019

State the term remaining

List the contract number of any government contract

Ryder Truck Rental, Inc.  
6000 Windward Parkway  
Alpharetta, GA 30005

- 2.153. State what the contract or lease is for and the nature of the debtor's interest
- Partners Cooperative Laundry Service Agreement dated September 1, 2013 and Participating Hospital Agreement dated March 18, 2016; expires September 30, 2020

State the term remaining

List the contract number of any government contract

Self Regional Healthcare  
1325 Spring Street  
Greenwood, SC 29646

- 2.154. State what the contract or lease is for and the nature of the debtor's interest
- Partners Cooperative Laundry Service Agreement dated September 1, 2013 and Participating Hospital Agreement dated March 18, 2016 with Self Regional Healthcare; expires September 30, 2020 (Spartanburg location)

State the term remaining

List the contract number of any government contract

Self Regional Medical Center  
402 Maxwell Avenue  
Greenwood, SC 29646-2619

- 2.155. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract; EastPoint

State the term remaining

SFMC Outpatient Imaging & Specialty Care at Camp Creek  
3890 Redwine Road SW, Ste 104  
Atlanta, GA 30331-5583

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.156. State what the contract or lease is for and the nature of the debtor's interest

Service Contract for recycling equipment dated November 4, 2009; contract expired November 2012 with automatic yearly renewals

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Skyline Dynamics, LLC  
20423 State Route 7, Suite F-6  
Boca Raton, FL 33498

2.157. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

South Georgia Surgical Associates  
100 Mimosa Drive  
Thomasville, GA 31792-6676

2.158. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Southeastern Interventional Pain Assoc.  
1140 Hammond Drive NE, #D4190  
Atlanta, GA 30328-5338

2.159. State what the contract or lease is for and the nature of the debtor's interest

Participating Hospital Agreement/Laundry Service Agreement dated September 1, 2013; contract expires November 1, 2020

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Approximately 1 year, 11 months

Southern Regional Medical Center  
11 Upper Riverdale Road, SW  
Riverdale, GA 30274

2.160. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; EastPoint

State the term remaining \_\_\_\_\_

Southern Surgical Arts Calhoun  
120 Cornerstone Way SE, Ste C  
Calhoun, GA 30701-4791

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**List the contract number of any  
government contract \_\_\_\_\_2.161. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Tri-State

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Southwest Georgia OB/GYN  
808 13th Avenue  
Albany, GA 31701-13282.162. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Tri-State

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Southwest Georgia Physical Therapy  
333 Randolph Street  
Cuthbert, GA 39840-61272.163. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Tri-State

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Southwest Georgia Regional Med. Center  
361 Randolph Street  
Cuthbert, GA 39840-61272.164. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Spartanburg

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Spartanburg Community College  
Tyger River Campus  
290 Commerce Court, Rm 303  
Duncan, SC 29334-92852.165. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Spartanburg

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_SPN Star Wipers, Inc. - RAGS  
1125 E. Main Street  
Newark, OH 43055-8869

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.166. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement dated September 22, 2012

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.167. State what the contract or lease is for and the nature of the debtor's interest Custom Product Agreement dated December 19, 2016; agreement expired December 19, 2017, with automatic yearly renewals

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.168. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement dated April 12, 2013

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.169. State what the contract or lease is for and the nature of the debtor's interest Bag Purchase and Recycling Agreement dated October 1, 2009 for East Point, Georgia facility;

State the term remaining

List the contract number of any government contract

Streamline Solutions, LLC  
P.O. Box 560775  
Orlando, FL 32856

- 2.170. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Surgery Center at Pelham  
2755 S. Highway 14  
Greer, SC 29650-4902

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.171. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

SurgiCare Gwinnett  
367 Athens Highway, Ste 100  
Loganville, GA 30052-2207

- 2.172. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

T3 Labs, Inc.  
387 Technology Circle NW, Ste 175  
Atlanta, GA 30313-2422

- 2.173. State what the contract or lease is for and the nature of the debtor's interest Non-Compete and Non-Solicitation Agreement dated March 8, 2018

State the term remaining

List the contract number of any government contract

Tamelia N. Moore  
3243 Staton Drive  
Albany, GA 31705

- 2.174. State what the contract or lease is for and the nature of the debtor's interest Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining

List the contract number of any government contract

Thomasville Physical Therapy  
300 W. Hansell Street  
Thomasville, GA 31792-6650

- 2.175. State what the contract or lease is for and the nature of the debtor's interest Staffing Services Agreement dated September 22, 2015

State the term remaining

List the contract number of any government contract

Tyler Staffing Services, Inc.  
d/b/a CHASE Professionals  
750 Hammond Drive, Bldg. 9  
Atlanta, GA 30328

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.176. State what the contract or lease is for and the nature of the debtor's interest

Lease for laundry facility located at 355 Old Greenville Road, Spartanburg, South Carolina dated November 1, 2013; term of lease is 10 years approximately 5 years

State the term remaining

List the contract number of any government contract

ULS Acquisition LLC  
Attn: John Giardino  
805 Third Avenue, 8th Floor  
New York, NY 10022

2.177. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract

Union County Emergency Medical Services  
1262 S. Duncan Bypass  
Union, SC 29379-7218

2.178. State what the contract or lease is for and the nature of the debtor's interest

Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining

List the contract number of any government contract

Urgent Care & Corporate Care Centers  
2705 E. Pinetree Blvd, Ste A  
Thomasville, GA 31792-4875

2.179. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Tri-State

State the term remaining

List the contract number of any government contract

Urgent Care Center at Phoebe East  
2410 Sylvester Road  
Albany, GA 31705

2.180. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017 (EastPoint and Spartanburg locations)

State the term remaining

List the contract number of any government contract

VAMC Augusta Downtown Division  
800 Bailie Drive  
Augusta, GA 30912-2619



Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.181. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017 (EastPoint and Spartanburg locations)

State the term remaining

List the contract number of any government contract

VAMC Augusta Uptown Division  
1 Freedom Way  
Augusta, GA 30904-6258

2.182. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017 (Spartanburg location)

State the term remaining

List the contract number of any government contract

VAMC Charleston  
109 Bee Street  
Charleston, SC 29401-5703

2.183. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017 (Spartanburg location)

State the term remaining

List the contract number of any government contract

VAMC Columbia  
6439 Garners Ferry Road  
Columbia, SC 29209-1638

2.184. State what the contract or lease is for and the nature of the debtor's interest

Contract with United States of America for linen service to the Veterans Administration in Augusta, Georgia dated August 1, 2017

State the term remaining

List the contract number of any government contract

VAMC Dublin  
1826 Veterans Blvd.  
Dublin, GA 31021-3620

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.185. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

VITAS Innovatice Hospice Care  
Direct Sale  
123 SE 3rd Avenue, Ste 440  
Miami, FL 33131-2003

- 2.186. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

VITAS Innovative Hospice Care  
931 Quarry Road  
Stockbridge, GA 30281-4352

- 2.187. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; EastPoint

State the term remaining

List the contract number of any government contract

VITAS Innovative Hospice Care - Duluth  
3840 Peachtree Industrial Blvd., Ste 101  
Duluth, GA 30096-5031

- 2.188. State what the contract or lease is for and the nature of the debtor's interest Contract with United States of America for linen services at Moncrief Army Health Clinic, Fort Jackson, South Carolina dated May 1, 2018

State the term remaining

List the contract number of any government contract

W91YTZ-17-P-0286

W40M RHCO-Atlantic USAHCA  
Northern Regional Health Contracting Off  
6021 5th Street, Bldg. 1467  
Fort Belvoir, VA 22060-5580

- 2.189. State what the contract or lease is for and the nature of the debtor's interest Contract with the United States of America for linen service at Moncrief Army Health Clinic, Fort Jackson, South Carolina dated November 1, 2018

State the term remaining

List the contract number of any government contract

W91YTZ-19-P-0014

W40M RHCO-Atlantic USAHCA  
Northern Reg. Contracting Office NRCO  
6021 5th Street, Bldg. 1467  
Fort Belvoir, VA 22060-5580

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- |        |  |  |  |
|--------|--|--|--|
| 2.190. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Agreement for Natural Gas Sales dated November 16, 2017; term of agreement is 2/1/18 through 1/31/19)<br>Approximately 2 months<br><br><hr/>     | Walton Energy, Inc.<br>d/b/a Walton EMC Natural Gas<br>P.O. Box 260<br>Monroe, GA 30655<br><br><hr/>         |
| 2.191. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)<br><br><hr/> | WellStar AMC Morrow Healthcare<br>1000 Corporate Center Drive, Ste 200<br>Morrow, GA 30260-4129<br><br><hr/> |
| 2.192. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)<br><br><hr/> | WellStar AMC Bone & Joint Specialists<br>285 Boulevard NE, Ste 310<br>Atlanta, GA 30312-4209<br><br><hr/>    |
| 2.193. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)<br><br><hr/> | WellStar AMC East Point Clinic<br>1136 Cleveland Avenue, Ste 317<br>Atlanta, GA 30344-3618<br><br><hr/>      |
| 2.194. | State what the contract or lease is for and the nature of the debtor's interest<br><br>State the term remaining<br><br>List the contract number of any government contract | Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)<br><br><hr/> | WellStar AMC Gym<br>303 Parkway Drive NE, #427<br>Atlanta, GA 30312-1212<br><br><hr/>                        |

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.195. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

List the contract number of any government contract

WellStar AMC Inman Park Physicians  
240 N. Highland Avenue, Ste E  
Atlanta, GA 30307-5625

2.196. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

List the contract number of any government contract

WellStar AMC Orthopaedic Rehabilitation  
320 Parkway Drive NE  
Atlanta, GA 30312-1213

2.197. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

List the contract number of any government contract

WellStar AMC Primary Care Clinic  
3886 Princeton Lakes Way SW, Ste 120A  
Atlanta, GA 30331-5511

2.198. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

List the contract number of any government contract

WellStar AMC Primary Care Clinic  
560 Amsterdam Avenue NE, Ste D  
Atlanta, GA 30306-3479

2.199. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

WellStar AMC Primary Care Clinic  
3355 Cascade Road SW  
Atlanta, GA 30311-3678

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.200. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with WellStar Health System, Inc. dated April 1, 2016; contract expires March 31, 2019 (EastPoint location)

State the term remaining

List the contract number of any government contract \_\_\_\_\_

WellStar Atlanta Medical Center  
303 Parkway Drive NE, #427  
Atlanta, GA 30312-1212

2.201. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated April 1, 2016; contract expires March 31, 2019

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Approximately 4 months

Wellstar Health System, Inc.  
793 Sawyer Road  
Marietta, GA 30062

2.202. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Wesley Commons  
1110 Marshall Road  
Greenwood, SC 29646-4216

2.203. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Westside Dermatology  
1250 John B White Sr. Blvd.  
Spartanburg, SC 29306-3929

2.204. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Spartanburg

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Whitten Center  
P.O. Box 4540  
Columbia, SC 29240-4540

Debtor 1 Alliance Laundry &amp; Textile Service, LLC

Case number (if known) 18-31755-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.205. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Willsom Hospice House  
320 Foundation Lane  
Albany, GA 31707-5862

- 2.206. State what the contract or lease is for and the nature of the debtor's interest
- Cooperative Agreement with Wiregrass Rehabilitation Center, Inc. dated April 5, 2017 (Tri-State location)

State the term remaining

List the contract number of any government contract

Wiregrass Rehabilitation Center II  
2080 Child Street  
Jacksonville, FL 32214-5005

- 2.207. State what the contract or lease is for and the nature of the debtor's interest
- Cooperative Agreement dated April 5, 2017

State the term remaining

List the contract number of any government contract

N68836-16-T-0368

Wiregrass Rehabilitation Center, Inc.  
795 Ross Clark Circle  
Dothan, AL 36303

- 2.208. State what the contract or lease is for and the nature of the debtor's interest
- Partners Cooperative Laundry Service Agreement with Archbold Memorial Hospital and Participating Hospital Agreement for Tri-State location;

State the term remaining

List the contract number of any government contract

Wound Management & Hyperbaric Medicine  
113 W. Hansell Street  
Thomasville, GA 31792-6664

- 2.209. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Tri-State

State the term remaining

List the contract number of any government contract

Zero Waste Solutions  
3276 Mitchell Blvd.  
Moody A F B, GA 31699-1500

**Fill in this information to identify the case:**

Debtor name Alliance Laundry & Textile Service, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31755-5

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 Alliance Laundry and Textile

Service of Atlanta, LLC  
60 Grider Street  
Buffalo, NY 14215

Med One Capital Funding, LLC

☒ D 2.12  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 Alliance Laundry and Textile

Service of Atlanta, LLC  
60 Grider Street  
Buffalo, NY 14215

Optumhealth Bank, Inc.

☒ D 2.18  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 Alliance Laundry and Textile

Service of Atlanta, LLC  
60 Grider Street  
Buffalo, NY 14215

IPA One

☒ D 2.6  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 Alliance Laundry and Textile

Service of Atlanta, LLC  
60 Grider Street  
Buffalo, NY 14215

Prime Alliance Bank

☒ D 2.19  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Alliance Laundry and Textile	Service of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	Prime Alliance Bank	<input checked="" type="checkbox"/> D 2.20 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Alliance Laundry and Textile	Service of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	IPA One	<input checked="" type="checkbox"/> D 2.7 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Alliance Laundry and Textile	Service of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	Med One Capital Funding, LLC	<input checked="" type="checkbox"/> D 2.13 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Alliance Laundry and Textile	Service of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	Optum Bank, Inc.	<input checked="" type="checkbox"/> D 2.17 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.4 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.13	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.5 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.14	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.15	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.16	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.17	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.4 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.18	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.5 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.19	Atlas Health Care Linen Services Co.,LLC	414 West Taylor Street Syracuse, NY 13202	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F <input type="checkbox"/> G
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Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.20	Atlas Health Care Linen Services Co.,LLC	414 West Taylor Street Syracuse, NY 13202	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Atlas Health Care Linen Services Co.,LLC	414 West Taylor Street Syracuse, NY 13202	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.22	Atlas Health Care Linen Services Co.,LLC	414 West Taylor Street Syracuse, NY 13202	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	Atlas Health Care Linen Services Co.,LLC	414 West Taylor Street Syracuse, NY 13202	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Med One Capital Funding, LLC	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Optumhealth Bank, Inc.	<input checked="" type="checkbox"/> D <u>2.18</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.26	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	IPA One	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Prime Alliance Bank	<input checked="" type="checkbox"/> D <u>2.19</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.28	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Prime Alliance Bank	<input checked="" type="checkbox"/> D 2.20 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	IPA One	<input checked="" type="checkbox"/> D 2.7 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.30	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Med One Capital Funding, LLC	<input checked="" type="checkbox"/> D 2.13 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.31	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Optum Bank, Inc.	<input checked="" type="checkbox"/> D 2.17 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.32	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	IPA One	<input checked="" type="checkbox"/> D 2.8 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.33	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Med One Capital Funding, LLC	<input checked="" type="checkbox"/> D 2.14 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.34	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	MB Financial Bank, N.A.	<input checked="" type="checkbox"/> D 2.11 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.35	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	IPA One	<input checked="" type="checkbox"/> D 2.9 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.36	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	Med One Capital Funding, LLC	<input checked="" type="checkbox"/> D 2.15 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.37	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.39	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.40	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.4 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.41	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.5 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.42	John Giardino	203 E. 77th Street New York, NY 10075	1631 Willingham BT, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.43	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Alliance Laundry & Textile Service, LLC

Case number (if known) 18-31755-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

*Column 1: Codebtor*

*Column 2: Creditor*

2.44	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.45	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.46	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.47	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**United States Bankruptcy Court**  
**Northern District of New York**

In re Alliance Laundry & Textile Service, LLC

Debtor(s)

Case No. 18-31755-5

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>0.00</u>
Prior to the filing of this statement I have received .....	\$	<u>0.00</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify): See Disclosure of Compensation for Centerstone Linen Services, LLC (Chapter 11 Case No. 18-31754)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]  
Negotiate with all creditors, including secured creditors, unsecured creditors, taxing authorities and other government agencies concerning claim treatment, negotiate with prospective purchasers, administer sale of assets under section 363 of the Bankruptcy Code, negotiate use of cash collateral, prepare chapter 11 plans and disclosure statements and all matters to properly administer chapter 11 cases.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2019

*Date*

/s/ Stephen A. Donato

Stephen A. Donato

*Signature of Attorney*

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax: (315) 218-8100

sdonato@bsk.com

*Name of law firm*

**United States Bankruptcy Court  
Northern District of New York**

In re Alliance Laundry & Textile Service, LLC

Debtor(s)

Case No. 18-31755-5

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Centerstone Linen Services, LLC 60 Grider Street Buffalo, NY 14215			100% interest

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chief Executive Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 11, 2019

Signature /s/ John Giardino

John Giardino

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of New York**

In re Alliance Laundry & Textile Service, LLC

Debtor(s)

Case No. 18-31755-5

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Alliance Laundry & Textile Service, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Centerstone Linen Services, LLC  
60 Grider Street  
Buffalo, NY 14215

☐ None [*Check if applicable*]

January 11, 2019

Date

/s/ Stephen A. Donato

Stephen A. Donato

Signature of Attorney or Litigant

Counsel for Alliance Laundry & Textile Service, LLC

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax:(315) 218-8100

sdonato@bsk.com